PRINTER RUSH (PTO ASSISTANCE)



Application: 10/762410	Examiner:	Mack, Carey	GAU:	2855						
Sc From: CA/Ala	Location:	IDC FMF FDC	Date:	3/7/2006						
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NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

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PART B - FEE(S) TRANSMITTAL

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or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of meantenance feas will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Feo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of realing or knownieson. CURRENT CORRESPONDENCE ADDRESS (Non: Use Black | for any change of address) 7590 09/08/2005 Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmissal is being deposited with the United Subse Postal Service with sufficient postage for first class shall in an envelope addressed to the Mail Sop ISSUE FEE address show, or being factimal transmitted to the USPTO (571) 273-2885, on the date indicated below. Robert D. Crawford CiDRA Corporation 50 Barnes Park North Wallingford, CT 06492 Nancy C. | Roach ansse 12206/05 æ APPLICATION NO. FILLIG DATE PERST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. Daniel L. Gysling CC-0703 10/762,410 01/21/2004 TITLE OF INVENTION: APPARATUS AND METHOD OF MEASURING GAS VOLUME FRACTION OF A FLUID FLOWING WITHIN A PIPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL PEE(S) DUB	DATE DUE
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EXAMINER A		ARTUN	TT	CLASS-6 U	BCLASS	1	
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1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Namber is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filtered attached. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Wallingford, Connecticut							
Please check the appropriate assignee energy or categories (will not be printed on the pasent): Individual Corporation or other private group entity 4a. The following (ex(a) are enclosed: Individual Corporation or other private group entity 4b. Payment of Peo(a): A check in the amount of the foc(a) is enclosed. Paylication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is best by sutherized by charge the required foc(a), or credit any overproposit Account Number 50-0260 (enclose an entire copy of this form).							
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